



香港麻醉科學會

The Society of Anaesthetists of Hong Kong

email: info@sahk.hk

2018 Membership Application / Renewal Form

To The Council of SAHK,

I, the undersigned, wish to apply / renew* for Ordinary / Ordinary (Trainee) / Associate/ Life membership* of your Society and furnish the following information in relation to my application:

Part A: Personal Particulars

Name: _____

Please underline your Family name

Gender F / M

Delete as appropriate

State of Practice: I am now practicing in Hong Kong & Hospital/Institution
Affiliation: _____

please ✓ one

I am now practicing overseas.

I am not practicing anymore.

Qualification(s): _____

Email Address: _____

Telephone (office): _____

Fax number: _____

Mailing Address: _____

Part B: For NEW Membership Application

The following two Ordinary Members of your Society support my application: -

Name: _____ Signature: _____

Name: _____ Signature: _____

Name of Applicant: _____ Signature of Applicant: _____

Applicant: _____ Applicant: _____

Part C: Annual Subscription Fee

Ordinary Member HK\$150 Cheque number: _____

Bank: _____

Ordinary Member (trainee) HK\$75 Cheque number: _____

Bank: _____

New Trainee Application
(Novice trainee in first year) Waived for first year

Associate Member HK\$75 Cheque number: _____

Bank: _____

Life membership (fellow) HK\$1500 Cheque number: _____

Bank: _____

Electronic Receipt needed Yes / No

Please send your completed form and payment to Dr. Cheung Ning, Michelle c/o The Department of Anaesthesia and Intensive Care, 4/F Main Clinical Block and Trauma Centre, Prince of Wales Hospital, Shatin, New Territories, Hong Kong. Cheque crossed and made payable to "The Society of Anaesthetists of Hong Kong". Only electronic receipt will be issued.